

TOWN of BROOKLINE

Massachusetts

BUILDING DEPARTMENT

SPRINKLER PERMIT APPLICATION

	Date:
Address of Installation:	
Name of Installer:	License No:
Name of Installing Company:	
Address:	Zip Code:
Telephone Number:	
Type of Building(Check one)	Type of Sprinkler Installation
Wood Frame	New Sprinkler System
Masonry	
Structural Steel	Number of Sprinkler Heads
Reinforced Concrete	
Other	Number of Stories
	Above Grade Below Grade
Describe in detail if partial system, or any	system other than water
Describe number of heads relocated due to	o remodeling of an existing building
Describe location in building such as suite	e number or tenants name
Plans by: Engineer	Fire Dept Approval Date
Shop Drawings	
Estimated cost of complete installation	
Signature of Applicant	
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